

WARRANTY DEED

THIS WARRANTY DEED made and entered into this day by and between Evelyn H. Fowler, a single person, Grantor, and Stephen A. Blann and Christy Blann, husband and wife, Grantees,

WITNESSETH:

THAT FOR AND IN CONSIDERATION of the sum of Ten and no/100 Dollars (\$10.00), cash in hand paid by the Grantees to the Grantor, and other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, Grantor does hereby grant, bargain, sell, convey and warrant, except as hereinafter set forth, unto the Grantees, as tenants by the entirety with full right of survivorship and not as tenants in common, the following described property, together with the improvements, hereditaments and appurtenances thereunto belonging, located in the County of DESOTO, State of Mississippi, and more particularly described as follows, to-wit:

Lot 1351, Section G, Greenbrook Subdivision, in Section 30, Township 1 South, Range 7 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 11, Pages 15-20, in the office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation Oliver Theo Flower passed away in Shelby County, Tennessee on December 29, 1977 (See Attached Death Certificate - Exhibit A).

TO HAVE AND TO HOLD unto the Grantees, their heirs and assigns, in fee simple forever, and free from all liens and encumbrances except for the following exceptions:

- 1) Taxes and assessments for the current year and subsequent years, which are not yet due and payable.
- 2) Zoning and/or other land use regulations promulgated by federal, state or local governments affecting the use or occupancy of the subject property.

c:\property\wd

STATE MS.-DESOTO CO.
FILED

MAR 14 11 13 AM '00

BK 369 PG 173
W.E. DAVIS CH. CLK.

3) Any and all matters which would be disclosed by an accurate survey of current date and/or an actual inspection of said property.

IN TESTIMONY WHEREOF, witness the signature of the Grantor on this the 10th day of March, 2000.

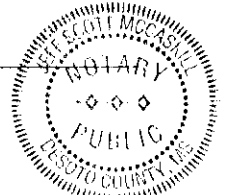
Evelyn H. Fowler
Evelyn H. Fowler

STATE OF MISSISSIPPI
COUNTY OF DESOTO

THIS DAY personally appeared before me, the undersigned authority within and for the State and County aforesaid, Evelyn H. Fowler, who acknowledged that he/she signed, executed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned.

GIVEN under my hand and official seal on this the 10th day of March, 2000.

Jeffrey McCaslin
NOTARY PUBLIC



(SEAL)

My Commission Expires: 8/22/2001

MY COMMISSION EXPIRES
AUGUST 22 2001

ADDRESS OF GRANTOR:

2885 Liverpool
Southaven, MS 38671
Home: 342-1807
Work: 349-0729

ADDRESS OF GRANTEEES:

7573 Millbridge
Southaven, Mississippi 38671
Home: 342-7335
Work: 622-7431

PREPARED BY AND RETURN TO:

HOLCOMB DUNBAR, P.A.
P. O. BOX 190
SOUTHAVEN, MS 38671-0190
(601) 349-0664

FILE# 800146/JSM

CERTIFICATE OF DEATH

TENNESSEE DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS

NR-

BIRTH NO.				DECEASED — NAME				DATE OF DEATH (MONTH, DAY, YEAR)															
1. OLIVER				THEO				FOWLER				2. 12/29/77											
3. WHITE				4. MALE				5a. 60				5b. 60				5c. 60				6. 3/11/17			
7a. SHELBY				7b. MEMPHIS				7c. YES				7d. BAPTIST MEM. HOSPITAL											
8. MISSISSIPPI				9. USA				10. MARRIED				11. EVELYN HUTCHINS											
12a. 427 88 8583				12b. WW#1 & KOREAN				13a. AREA DIRECTOR				13b. U.S. DEPT. OF LABOR											
14a. MISSISSIPPI				14b. DESOTO				14c. SOUTHAVEN				14d. YES				14e. 7573 MILL BRIDGE DRIVE							
15. AARON B. FOWLER				16. MAGGIE BELLE JOHNSON				17. MRS. EVELYN FOWLER				18. SAME AS ABOVE											
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c)]												APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH											
(a) RESPIRATORY FAILURE												1 1/2 wks											
(b) BILATERAL INTERSTITIAL PNEUMONITIS												1 1/2 wks											
(c)																							
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)												AUTOPSY YES OR NO				IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH							
19a. YES												19b. YES											
20a. ACCIDENT, SUICIDE, NO. OF DEATHS, OR UNDETERMINED (SPECIFY)				20b. DATE OF INJURY (MONTH, DAY, YEAR)				20c. HOUR				20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)											
21a. INJURY AT WORK (SPECIFY YES OR NO)				21b. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)				21c. LOCATION				21d. STREET OR R.F.D. NO., CITY OR TOWN, STATE											
22a. PHYSICIAN — CERTIFICATION				22b. SIGNATURE				22c. DEGREE				22d. DATE SIGNED (MONTH, DAY, YEAR)											
23a. I ATTENDED THE DECEASED AND DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.				23b. W.L. Russo, M.D.				23c. M.D.				23d. 1-6-78											
24a. MEDICAL EXAMINER — CERTIFICATION				24b. SIGNATURE				24c. TITLE				24d. DATE SIGNED (MONTH, DAY, YEAR)											
25a. ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.				25b. W.L. RUSSO				25c. 910 MADISON AVE SUITE 917 MEMPHIS, TENN 38107				25d. MEMPHIS, TENNESSEE											
26a. BURIAL, CREMATION, REMOVAL (SPECIFY)				26b. DATE (MONTH, DAY, YEAR)				26c. CEMETERY OR CREMATORY — NAME				26d. LOCATION											
27a. BURIAL				27b. 12/31/77				27c. FOREST HILL SOUTH				27d. MEMPHIS, TENNESSEE											
28a. FUNERAL HOME — NAME AND ADDRESS				28b. STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP				28c. REGISTRAR — SIGNATURE				28d. DATE RECEIVED BY LOCAL REGISTRAR											
29a. MEMPHIS FUNERAL HOME				29b. 1177 UNION MEMPHIS, TENN.				29c. Palma B. Angelo				29d. JAN 10 1978											
30a. Deputy				30b. Deputy				30c. Deputy				30d. Deputy											

EXHIBIT

A

MEMPHIS & SHELBY COUNTY HEALTH DEPARTMENT - 814 JEFFERSON AVENUE, MEMPHIS, TENNESSEE

THIS IS TO CERTIFY that this is a true and correct copy of the record filed with the Division of Vital Records, Tennessee Department of Public Health by the Memphis & Shelby County Health Department.

S E A L

Date Issued Jan. 16, 1978 By Robert E. Burke
Robert E. Burke, Director
Division of Vital Records